Please type a plus sign (+) inside this box 5 U \$. PTO	Attorney Docket No.	Ap Patent and Traden ODSY P004	for use through 09/30/00. O lice: U.S. DEPARTMENT OF Total Pages	MB [°] 0651-003
1/80/99 PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	First Named Inventor or Application Identifier			E D
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231					
Fee Transmittal Form (Submit an original, and a duplicate for fee processing) Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention	6. Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies					
 Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure 	8. Assignment Papers (cover sheet & document(s)) 9. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)					
3.	10. English Translation Document (if applicable) 11. Information Disclosure					
AT IS - CONTINUING APPLICATION shock enemorists boy and suppli	y the mayisite information:					
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No						
18. CORRESPONDENCE ADDRESS						
John C. Stattler, Esq. Stattler, Johansen & Adeli LLP P.O. Box 51860 Palo Alto, CA 94303-0728 Telephone: (650) 934-0470 Facsimile: (650) 934-0475						



The filing fee has been calculated as follows:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	21 - 20 =	1	x \$9.00	\$9.00
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MULTIPLE DEPENDENT CLAIM(S) (if applicable) + \$130.00				\$0
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☐ A check in the amount of \$ is attached.

Dated: November 30, 1999

Respectfully submitted,

John C. Stattler

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